

Hardship Assistance Program

PURPOSE

The purpose of this assistance is to provide monies taken from earned interest of the Veterans Post War Trust Fund to give aid and comfort to veterans as defined in North Dakota Century Code (N.D.C.C.) 37-14, and their spouses, un-remarried widow or widower. The applicants must have a need of dental work, dentures, optical needs, hearing aids, deposit funds for secure housing, transportation for medical reasons or a special medical requirement.

The Applicant Requirements Policy

The Applicant must be either a Veteran as defined in N.D.C.C. 37-14-01.1, a spouse of an eligible Veteran or an un-remarried widow/widower of an eligible veteran.

37-14-01.1 Definition of a veteran. As used in this chapter, "veteran" means an individual who served in the armed forces of the United States on federal active duty for reasons other than training and who has been discharged under other than dishonorable conditions.

-Documentation will be required for all applicants.

The applicant must be a resident of North Dakota for one year prior to date of application.

-Documentation will be required.

If application is found to have false information, applicant will not be considered.

Applicants may be eligible for both the hardship assistance program as well as the loan program.

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**Income Guidelines for applicants

Documentation will be required

Income will be based on established indexes such as pension rates and poverty guidelines which will be reviewed annually.

Public Assistance will not be counted in the income guidelines.

Household Size	1	2	3	4	5	6	7
Income Limit	\$1300	\$1500	\$1700	\$1900	\$2200	\$2500	\$2700

Applicant cannot have over \$4000 in cash assets, with the exception that they and their spouse may have \$5000.00 (each) in a CD locked in for a minimum of 12 months from date of application.

Maximum Amount and Replacement time per category

Dental \$1000 (One per calendar year)

-An exam, cleaning, and x-rays are covered if there is a medical need or a pain that needs to be addressed; however, preventative maintenance procedures such as a routine annual exam and cleaning will not be covered if there is no specific medical reason to be seen. Gum disease treatment will not be covered.

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Denture Procedures \$3000 (Replacement every 5 years)

- Available for full or partial denture and any required extractions. Requires an estimate included with the application. If the applicant does not require dentures, they will fall under the general dental grant and be eligible only for that amount. (Effective May 1, 2007)

Optical \$300 (Two year interval from date of approval)

-Items we will not pay for are: progressive lenses, sunglasses, scratch coating and tint --unless the doctor prescribes it because of a medical need, such as being light sensitive. Preventative procedures such as a yearly exam due to diabetes will not be covered if there is no specific medical reason to be seen.

Hearing \$1500 per ear (4 year interval from date of approval)

Special \$1000 (Commissioner's Discretion)

-Is defined as a medical or life-threatening need.

Transportation \$250 reimbursement (documentation required)

Housing Deposit Assistance \$500 Cap (One Time Grant)

This grant is used only to secure stable housing in ND for the veteran and the veterans' family. Payment will go directly to property management. Funds will be returned to the department upon moving. Veteran must sign a minimum of one year lease in the state of ND. Applicant must provide a copy of a signed lease agreement. This grant does not cover pet deposits of any sort and is to be used for the deposit only.

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Grants have a \$4000 cap per calendar year per applicant. Grants are considered issued during the calendar year in which it is approved.

If an applicant has shown a pattern of program misuse, the commissioner with the approval of the chairman, may place stipulations upon the applicant's grant request.

Applications

The application must be completed, dated and signed with C.V.S.O. or authorizing authority section filled in. Applications must be submitted with required and supporting documentation.

Work cannot be done prior to the date of approval letter unless authorized by Commissioner or Authorizing Agent.

Payment

Approved applications for dental, denture, hearing, deposit assistance, and optical grants are to be paid directly to vendor unless authorized by Commissioner.

Cancellation Policy

Commissioner or Authorizing Agent has the ability to cancel the grant after a given time period.